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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

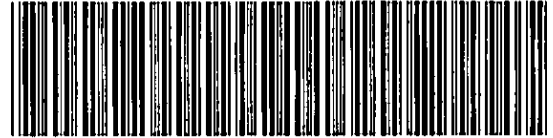
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FLEET & SMITH
ATTORNEYS AND COUNSELORS AT LAW

December 2, 2020

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: James E. Ray Family Partnership, LTD

To Whom It May Concern:

We are filing for a limited liability partnership (the James E. Ray Family Partnership, LTD) on behalf of my client. To that end, on December 1, 2020, we wrote Check #44747 to the Florida Department of State for \$1,000.00 to pay the fees associated with filing the registration for the partnership.

Unfortunately, my paralegal accidentally sent the check without any of the documents necessary for the filing. To avoid any confusion, we have canceled and stopped payment on Check #44747 and are enclosing Check #44753 in its place for the same amount (\$1,000.00.) I have also enclosed the Cover Letter and Certificate of Limited Partnership for registering the partnership, along with a photocopy of the canceled check for your reference.

I apologize for any inconvenience and confusion this mistake may have caused. Please do not hesitate to contact me with any further questions or concerns. My telephone number is (850) 651-4006.

Sincerely,

P. Michelle Freeman
Attorney at Law
michelle@fleetsmithlaw.com

PMF/sgp

Enclosures: 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James E. Ray Family Partnership, LTD
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

P. Michelle Freeman

Contact Person

Fleet & Smith

Firm/Company

1283 Eglin Parkway, Suite A

Address

Shalimar, FL 32579

City, State and Zip Code

michelle@fleetsmithlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P. Michelle Freeman

at (850) 651-4006

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (S965 Filing Fee and S35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

REC-1 100-000000

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. James E. Ray Family Partnership, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 3081 Campbell Road

(Street address of initial designated office)

DeFuniak Springs, FL 32435

3. P. Michelle Freeman

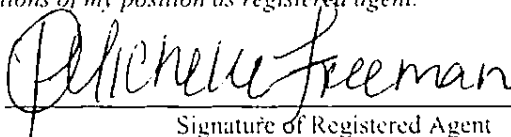
(Name of Registered Agent for Service of Process)

4. 1283 Eglin Parkway, Suite A

(Florida street address for Registered Agent)

Shalimar, FL 32579

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 3081 Campbell Road

(Mailing address of initial designated office)

DeFuniak Springs, FL 32435

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

8. Name and business address of each general partner:

Name:

Business Address:

James E. Ray General Partner, Inc.

3081 Campbell Road

DeFuniak Springs, FL 32435

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 30th day of November, 2020

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John Randall Ray, as
President of James E.

John R. Ray

Ray General Partner, Inc.

Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): **\$52.50**
Certificate of Status (optional): **\$8.75**